

<i>SERFF Tracking Number:</i>	<i>NRTH-125533234</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>North American Elite Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-03425</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>BOP-Exclusion of Other tahn Certified Acts of Terrorism</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Companies: North American Elite Insurance Company, North American Specialty Insurance Company, Westport Insurance Corporation

Product Name: BOP-Exclusion of Other tahn
Certified Acts of Terrorism

TOI: 05.0 Commercial Multi-Peril - Liability &
Non-Liability

Sub-TOI: 05.0002 Businessowners

SERFF Tr Num: NRTH-125533234 State: Arkansas

SERFF Status: Closed

State Tr Num: EFT \$50

Co Tr Num: 08-03425

State Status: Fees verified and
received

Filing Type: Form

Co Status: Submitted to SID

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Alsa Shih

Disposition Date: 03/18/2008

Date Submitted: 03/10/2008

Disposition Status: Approved

Effective Date Requested (New): 06/01/2008

Effective Date (New): 06/01/2008

Effective Date Requested (Renewal): 06/01/2008

Effective Date (Renewal):
06/01/2008

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 03/18/2008

State Status Changed: 03/18/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We wish to submit the attached endorsement for your review and approval. This is a manadatory form without rate impact. We are excluding coverage for Other than Certified Acts, however the exclusion does grant coverage for those acts that would otherwise meet all the criteria to be a certified act of terrorism, other than the fact that aggregate insured

SERFF Tracking Number: NRT-125533234 State: Arkansas

First Filing Company: North American Elite Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: 08-03425

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners Liability

Product Name: BOP-Exclusion of Other tahn Certified Acts of Terrorism

Project Name/Number: /

losses are below 5,000,000. This coverage exception to the exclusion is consistent with the NAIC model bulletin. We request that this filing be applicable to all policies effective on or after June 1, 2008.

Attached is copy of the form being filed for approval. Please note the company name has been left off, the appropriate company name will be printed on the forms when issued.

Company and Contact

Filing Contact Information

Alsa Shih, State Filings Assistant
650 Elm Street
Manchester, NH 03101
Alsa_Shih@nasins.com
(800) 542-9200 [Phone]
(603) 644-6613[FAX]

Filing Company Information

North American Elite Insurance Company	CoCode: 29700	State of Domicile: New Hampshire
650 Elm Street	Group Code: 181	Company Type:
Manchester, NH 03101	Group Name:	State ID Number:
(800) 542-9200 ext. [Phone]	FEIN Number: 13-3440360	

North American Specialty Insurance Company	CoCode: 29874	State of Domicile: New Hampshire
650 Elm Street	Group Code: 181	Company Type:
Manchester, NH 03101-2524	Group Name:	State ID Number:
(800) 542-9200 ext. [Phone]	FEIN Number: 02-0311919	

Westport Insurance Corporation	CoCode: 34207	State of Domicile: Missouri
650 Elm Street	Group Code: 181	Company Type:
Manchester, NH 03101-2524	Group Name:	State ID Number:
(800) 542-9200 ext. [Phone]	FEIN Number: 13-1941868	

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

<i>SERFF Tracking Number:</i>	<i>NRTH-125533234</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>BOP-Exclusion of Other tahn Certified Acts of Terrorism</i>		
<i>Project Name/Number:</i>	<i>/</i>		
Fee Explanation:	\$50.00 per form per group		
Per Company:	No		

SERFF Tracking Number:	NRTH-125533234	State:	Arkansas
First Filing Company:	North American Elite Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	08-03425		
TOI:	05.0 Commercial Multi-Peril - Liability & Non- Liability	Sub-TOI:	05.0002 Businessowners
Product Name:	BOP-Exclusion of Other tahn Certified Acts of Terrorism		
Project Name/Number:	/		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
North American Elite Insurance Company	\$50.00	03/10/2008	18475773
North American Specialty Insurance Company	\$0.00	03/10/2008	
Westport Insurance Corporation	\$0.00	03/10/2008	

SERFF Tracking Number: NRTN-125533234 State: Arkansas
First Filing Company: North American Elite Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 08-03425
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: BOP-Exclusion of Other tahn Certified Acts of Terrorism
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	03/18/2008	03/18/2008

SERFF Tracking Number: NRT-125533234 State: Arkansas
First Filing Company: North American Elite Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 08-03425
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: BOP-Exclusion of Other tahn Certified Acts of Terrorism
Project Name/Number: /

Disposition

Disposition Date: 03/18/2008
Effective Date (New): 06/01/2008
Effective Date (Renewal): 06/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: NRTH-125533234 State: Arkansas
 First Filing Company: North American Elite Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 08-03425
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: BOP-Exclusion of Other tahn Certified Acts of Terrorism
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Exclusion of Other than Certified Acts of Terrorism	Approved	Yes

SERFF Tracking Number: NRTH-125533234 State: Arkansas

First Filing Company: North American Elite Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: 08-03425

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners Liability

Product Name: BOP-Exclusion of Other tahn Certified Acts of Terrorism

Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Exclusion of Other than Certified Acts of Terrorism	SP 4 160	02 08	Endorseme New nt/Amendm ent/Condi ti ons		0.00	SP 4 160 02 08.pdf

INSERT COMPANY NAME HERE

This Endorsement Changes the Policy - Please Read it Carefully

EXCLUSION OF OTHER THAN CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

The **Exception Covering Certain Fire Losses** (Paragraph C) applies to property located in the following state:

State(s)
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. The following provisions are added to **Section I – Property** of Businessowners Coverage Form **BP 00 03**:

1. The following exclusion is added:

This insurance does not apply to:

TERRORISM

We will not pay for loss or damage caused directly or indirectly, by an "other act of terrorism." Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.

2. Exception Covering Certain Fire Losses

The following exception to the limited exclusion applies only if indicated and as indicated in the Schedule of this endorsement.

If an "Other act of terrorism" results in fire, we will pay for the loss or damage caused by that fire. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements which apply to those forms, or to the legal liability Coverage Form or the Leasehold Interest Coverage Form.

3. Application of Other Exclusions

The terms and limitation of any terrorism exclusions, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Coverage Part or Policy, such as losses excluded by the Nuclear Hazard Exclusion or the War and Military Action Exclusion.

B. The following provisions are added to **Section II – Liability** of Businessowners Coverage Form **BP 00 03**:

1. The following exclusion is added:

This insurance does not apply to:

TERRORISM

"Any injury or damage" arising, directly or indirectly, out of an "other act of terrorism."

2. The following definition is added:

For the purposes of this endorsement, "any injury or damage" means any injury or damage covered under any Coverage Part to which this endorsement is applicable, and includes but is not limited to "bodily injury," "property damage" or "personal and advertising injury" as may be defined in any applicable Coverage form.

3. In the event of an "other act of terrorism" that is not subject to this exclusion, coverage does not apply to any "any injury or damage" that is otherwise excluded under this Coverage Part.

C. The following provisions are added to the Businessowners Policy and apply to Property and Liability Coverages:

The following definitions are added with respect to the provisions of this endorsement:

1. "Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act.

2. "Other act of terrorism" means an actual or threatened violent act, or an actual or threatened act that is dangerous to human life, property or infrastructure; that is committed by an individual or individuals and that appears to be part of an effort to coerce a civilian population or to influence the policy or affect the conduct of any government by coercion, and the act is not a "certified act of terrorism." However, "other act of terrorism" does not include an act which would meet all the criteria necessary to be a "certified act of terrorism" pursuant to the federal Terrorism Risk Insurance Act except such act resulted in aggregate insured losses of \$5 million or less. Multiple incidents of an "other act of terrorism" which occur within a seventy-two hour period and appear to be carried out in concert or to have a related purpose or common leadership shall be considered to be one incident.

All other terms and conditions of this policy shall remain unchanged.

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

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	<i>Liability</i>		
<i>Product Name:</i>	<i>BOP-Exclusion of Other tahn Certified Acts of Terrorism</i>		
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	NRTH-125533234	State:	Arkansas
First Filing Company:	North American Elite Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	08-03425		
TOI:	05.0 Commercial Multi-Peril - Liability & Non- Liability	Sub-TOI:	05.0002 Businessowners
Product Name:	BOP-Exclusion of Other tahn Certified Acts of Terrorism		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	03/18/2008
Comments:				
Attachment:				
AR-NAIC Transmittal.pdf				

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div>New Business</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Renewal Business</div> <div></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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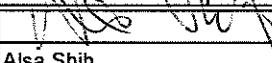
3. Group Name	Group NAIC #
Swiss Reinsurance	181

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
North American Specialty Insurance Company	NH	29874	02-0311919	
North American Elite Insurance Company	NH	29700	13-03440360	
Westport Insurance Corporation	MO	34207	13-1941868	

5. Company Tracking Number	08-03425
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Alsa Shih 650 Elm Street Manchester, NH 03101	State Filings Assistant	800-542-9200 ext. 624	603-644-6613	Alsa_Shih@nasins.com
LeAnne Pope 650 Elm Street Manchester, NH 03101	Team Leader - State Filings	800-542-9200 ext. 693	603-644-6613	LeAnne_Pope@nasins.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Alsa Shih

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Commercial Multi-Peril - Liability & Non-Liability
10. Sub-Type of Insurance (Sub-TOI)	05.0002 Businessowners
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Generic
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 6/1/2008 Renewal: 6/1/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	3/10/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	08-03425
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We wish to submit the attached endorsement for your review and approval. This is a mandatory form without rate impact. We are excluding coverage for Other than Certified Acts, however the exclusion does grant coverage for those acts that would otherwise meet all the criteria to be a certified act of terrorism, other than the fact that aggregate insured losses are below 5,000,000. This coverage exception to the exclusion is consistent with the NAIC model bulletin.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

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FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		08-03425		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Exclusion of Other than Certified Acts of Terrorism	SP 4 160 02 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		